

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748562

**Entity Name:** THE ANGELUS, INC.**Current Principal Place of Business:**12413 HUDSON AVENUE  
HUDSON, FL 34669**Current Mailing Address:**12413 HUDSON AVENUE  
HUDSON, FL 34669**FEI Number:** 59-1971002**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NERI, JOELLE  
12413 HUDSON AVE.  
HUDSON, FL 34669 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOELLE NERI

01/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name NERI, JOELLE P  
Address 2406 SUTTON PLACE  
City-State-Zip: SPRINGHILL FL 34608

Title VP, DIRECTOR  
Name FAUNCE, DON  
Address COHLCHESTER  
City-State-Zip: SPRINGHILL FL

Title DIRECTOR  
Name KENNEDY, BRUCE  
Address 1625 COQUI CT  
City-State-Zip: ODESSA FL 33556

Title CFO, DIRECTOR  
Name LUCCO, CONNIE  
Address 12213 QUAIL RUN ROAD  
City-State-Zip: HUDSON FL 34667

Title CHAIRMAN  
Name BOOTH, STEPHEN C.  
Address 1326 LAUREL GREEN CT.  
City-State-Zip: TRINITY FL 34665

Title DIRECTOR  
Name RYAN, VANESSA  
Address 16930 NELSON  
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR  
Name TINAMARIE, FARRELL  
Address 6835 COMMERCE AVE  
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR  
Name CATHERINE, GIANGRECCO  
Address 22415 OAKVILLE DR.  
City-State-Zip: LAND O' LAKES FL 34639

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOELLE NERI

CEO

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, SECRETARY  
Name COOLEY, JENNIFER  
Address 10716 RAIN LILY PASS  
City-State-Zip: LAND O'LAKES FL 34638

Title DIRECTOR  
Name MORGAN, ROBIN  
Address 6206 SILVER DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR  
Name PETRINI, MARC  
Address 13802 OAKWOOD DR  
City-State-Zip: HUDSON FL 34669

Title DIRECTOR, PRESIDENT  
Name NERI, JOSEPH R  
Address 12615 KITTEN TRAIL  
City-State-Zip: HUDSON FL 34669

Title DIRECTOR  
Name PAONE, PAMELA  
Address 11235 TMARIX AVENUE  
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR  
Name PATON, SCOTT  
Address 24722 STATE ROAD 54  
City-State-Zip: LUTZ FL 33559